

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIII.

THURSDAY, DECEMBER 27, 1855.

No. 22.

## MALARIA, AND ITS CAUSE AND EFFECTS.—NO. I.

BY C. D. GRISWOLD, M.D.

[From the American Med. Gazette, New York.]

### *The Existence and Cause of Malaria.*

THE existence of malaria as a morbid agent productive of disease, is a fact so definitely settled by the experience and observations of medical men, that it would seem to be a needless task to bring forward proof for its support. Were all sanitary regulations pertaining to this subject entrusted to competent medical officers, this question might be passed over without comment; but such is not the case. It is the property owner that makes laws and establishes regulations involving expense, and therefore it matters little what the physician may know, unless he is able to impress his knowledge upon others; for it is a true principle with business men, never to enter into any measure without understanding fully its advantages and feasibility.

It is a too common fault of physicians to think that the non-professional public must necessarily understand, from a brief explanation, what to them has been made exceedingly simple from years of study and observation. The mind must be trained first, in order to reason correctly afterwards upon any subject, and especially so upon the obscure questions embraced in medical science. Considering how few minds, comparatively, are at all educated upon the mysterious causes of disease, it is not by any means strange that considerations pertaining to the public health have been totally, or in a great measure, disregarded in the operations of mankind. That such is the case is very evident from the fact that many modern cities were founded, and have grown up under the depressing influence of a sickly reputation from causes which were known ages ago to exist in like localities, and without an effort being made to either avoid or remove them.

The great obstacle to progress in all sanitary measures arises from the fact that the subject presents no tangible materials that the mind may grasp. Talk to a merchant about malaria, and he regards it as he would a dream; nor is it strange that he should, accustomed as he is to the sensible things of the world; how could it be expected that he should at once adopt views which are only arrived at by careful

reasoning and close observation, and of which, all that the best informed can pretend to know, is obtained from certain effects? Mystical as the subject would seem to be, it is, however, susceptible of the most critical examination, for it is by effects that we learn to judge most accurately of causes in any case.

Our inability to detect malaria as a distinct substance, has, therefore, no doubt, been the great barrier to the general comprehension of the subject, and deprived a great portion of the world of the benefits which might have been derived from scientific deductions made hundreds of years ago.

Those who are disposed to question the existence of malaria as a distinct morbid agent, because it cannot be demonstrated as such only by its effect, would find it equally difficult to account for many other phenomena universally acknowledged, without admitting the agency of intangible causes. Who would venture without the protection of vaccination, unnecessarily, into a room where a patient is suffering from smallpox, or would allow their children in a house where there were cases of scarlet fever, or whooping cough? and yet neither of these diseases impart to the atmosphere any sensible agent by which the infection is communicated. The odor of flowers and many other aromas cannot be detected by the most delicate tests.

The evidence of the existence of a distinct principle which we designate by the term malaria, as a cause of the intermittent, remittent, and continued fevers which prevail so generally throughout this country and other portions of the world, is to be found most satisfactorily in the successful measures which have been adopted in many instances for its removal. When I come to treat of that portion of the subject which pertains to the removal of the cause of malaria, I shall have abundant opportunities to demonstrate the *existence*, in the results of practical examples which were found to exempt localities from the liability to epidemic fevers, and shall therefore leave this question to be answered more fully then.

*Of the Cause of Malaria.*—Many who are ready to admit the existence of malaria, are in doubt as to its cause, for this question is veiled in greater obscurity than the first. It presents really one of the most complicated questions for investigation in the whole domain of science. The different climates and countries in which the effects of malaria are known to habitually exist, and the other various circumstances of a dissimilar character which are attendant upon its production, have all served to cast obscurity upon its origin.

But three agents are known to be absolutely essential to the production of malaria, viz., heat and moisture acting upon the surface of the earth. From the earliest period that medicine was recognized as a science, it has been a prevailing doctrine among physicians, that damp grounds subject to an elevated temperature were productive of fevers. So generally has this opinion been inculcated, that many authors have designated these diseases as "marsh fevers." The term is, however, objectionable, on the ground that the existence of what is generally understood as a marsh is not essential to the develop-

ment of malaria, or its consequence, fever. It is only when a marsh is reduced to a certain condition that it can be instrumental in the production of this morbid agent. The marsh always supplies one of the essential conditions, and hence, when the temperature is favorable, malaria is likely to be the result. This, however, is by no means certain. It is said that the inhabitants bordering on the Dismal Swamp between Virginia and North Carolina, never suffer from intermittent or remittent fevers. The peat bogs of Ireland and Scotland are also free from malaria, and many other places that might be cited where dead-water marshes, subject to the necessary temperature, are entirely exempt from these fevers. From these observations it is evident that stagnant, or dead-water, is not alone sufficient with the necessary temperature to produce malaria.

The next most plausible opinion as to the essential cause of malaria, is that which makes it a result of vegetable decomposition. This is one of the oldest and most prevalent theories pertaining to the subject. The almost invariable co-existence of vegetable decomposition and malaria has been the means, no doubt, of their being placed in the relation of cause and effect. The existence of a single example, in which malaria or fever has prevailed, in the absence of vegetable decomposition, is quite sufficient to show that it is not essentially a cause.

The many instances on record where the simple upturning or exposure of a large surface of fresh soil has resulted in malarial fevers, would seem to be a strong argument against the doctrine of organic decomposition of any kind.

I can but briefly refer to examples of this kind. Dr. Merrill, of Natchez, regarded the yellow fever in that city, in the year 1823, as the result of levelling the streets, and the consequent exposure of the soil to the action of the hot sun. In Charleston, epidemic yellow fever prevailed in the years 1842 and 1852, and in both seasons large excavations were made in opening drains, and other works, and the dirt transferred to different parts of the city; and where the drains were opened, and the dirt was deposited, there yellow fever occurred, and those occupied in the work were the greatest victims.—*La Roche*.

The opening of a drain in Hasel Street, in 1849, and another in Market Street, were also attended with yellow fever, which occurred first in those localities. The digging of the Chesapeake and Ohio Canal, between Seneca and Georgetown, in the year 1829, was attended with a great amount of sickness. Two thirds of the whole number of laborers, amounting to about four thousand, were attacked with autumnal fever. The same result attended the construction of the Carondelet Canal at New Orleans; also, frequent instances in France and other countries.

Great land-slides, in which large surfaces of fresh soil were exposed, leaving depressions where water would stagnate in a hot sun, have been known to cause fearful pestilence. Lancisi gives an account of this character, which occurred in the year 1707, near

the town of Bagnared. By order of the magistrate, ditches were dug to carry off stagnant water, and those places that could not be drained were filled up, which restored health to the community.—*La Roche.*

Many examples unfavorable to the idea that vegetable decomposition is an essential cause of malaria, were to be observed during the construction of the Panama Railroad across the Isthmus in New Granada. The great prevalence of fever, it is well known, was one of the great obstacles to the construction of this work; but it was a matter of very general observation that the engineers who first traversed the country in tracing out the course of the road, suffered but slightly from this cause. When ground was broken, however, and the soil exposed to a burning sun, then fevers became prevalent. Moreover, during the rainy season, which commences about the first of May, and continues until December, vegetable decomposition is much more rapid from the effects of a vertical sun, alternating with copious showers, yet this is the healthiest part of the year. The explanation of this is very simple, as I intend to show, but in no way favorable to vegetable decomposition. Chagres, that was notoriously sickly, was rendered so by the low grounds laying directly back of the town. During the rainy season, a space of several acres, level with tide water, thus situated, would become inundated and exposed fully to the direct rays of the sun; it was alternately wet and dry—a condition, most of all others, favorable to the development of malaria.

The overflow of rivers, of which we have numerous accounts, in various parts of the world, followed by fearful epidemics, is by no means favorable to an increased amount of vegetable decomposition. In many of the recorded instances, large plains have been deeply covered with alluvial earth, burying every vestige of organized matter beneath the surface. The overflow of the river Volga, which occurs annually, in the Government of Kassan (Russia), often leaves an alluvial deposit of from two to three feet in depth, and sometimes extends for ten miles from the bed of the stream. In many places large pools are left in low places, as the flood subsides, and these drying gradually in the hot season, are the recognized causes of the fevers which prevail during the months of July and August immediately following. During the remainder of the year this country is remarkably healthy and very productive.

Now it would seem that the repeated occurrence of fevers under such circumstances would be deemed a strong argument against the doctrine of vegetable decomposition. Were it consistent with the amount of space I propose to occupy in discussing this subject, I would enlarge more upon this question, for it is a very general doctrine, not only with the profession, but with the public, and important, inasmuch as it discourages the attempt to remove the cause of malaria. Heat and moisture are alike essential in both the production of malaria and of vegetation, and consequently the results must, in a majority of instances, coexist; yet the relation of the



one to the other I do not regard as by any means intimate. Peat bogs are made up entirely of vegetable matter, yet they are not known to ever produce malaria. This has been explained on the ground that the organized matter becomes carbonized. There is no doubt that peat marshes are almost, if not entirely, innocuous, yet I have been disposed to regard them as such from the effect of this thick layer of light vegetable matter in protecting the soil beneath from the action of the heat, and preserving it in a constant state of moisture.

From observation over a considerable extent of territory, I have for some time been led to regard certain geological formations as more nearly allied to the development of malaria than has generally been supposed. Some years ago I was led to observe the great scarcity of springs in aguish districts in Wisconsin, and that a strata of argillaceous marl approached more or less near the surface. At frequent intervals, over a large portion of the State, stagnant pools are found in low places, the only source of which is the melting snow and rains during the winter and spring. The most superficial of these pools dry away in the early part of summer, leaving a bare surface exposed to the direct rays of the sun. At this season agues prevail of a mild character. During seasons of great drought, the deeper and larger pools become exhausted of their water also, upon which malarial fevers of a much more severe type invariably occur.

The essential conditions here described I have since had the opportunity of witnessing on the Isthmus of Panama and on Long Island. Moreover these three portions of country, so remote from each other, are believed to have been, at no very remote period of the earth's history, entirely submerged. On the western extremity of Long Island an original surface is sometimes found at a depth of from thirty to one hundred and twenty-five feet, revealing sea shells, carbonized wood, and other organic remains. Upon the Isthmus, fossil remains in great variety were found in the rocks cut during the construction of the grade for the railroad.

The points of similarity bearing upon my subject, however, consist in the absence of springs, the stratified clay, and numerous pools of dead water. From these, certain conditions are induced, which I think have more agency in the production of malaria than any other.

The tendency of water deep in the earth is to approach the surface, but in the places above cited we see this does not occur, either from the barrier interposed by the stratified clay, or some other cause; hence the surface is never refreshed during the summer months, only on the occasion of showers. Moreover the falling rain but imperfectly penetrates the soil where this clay or marl exists, and therefore the deep springs and surface waters never commingle to give freshness and purity to the soil. The result is what might be reasonably supposed under such circumstances. Under the effect of a high temperature and the absence of rain, the water

in the natural reservoirs is gradually evaporated, and all noxious substances which it contains become concentrated and filled with animalcules and reptiles, which with its final disappearance become extinct. At the same time the atmosphere comes in contact with a surface from which, for a long period before, it had been protected by water. The exposure of a surface of earth suddenly to the atmosphere, from which it had for a long time before been excluded, I can readily conceive to be answerable for important results. With this view of the subject, we find a ready explanation for the fact that peat marshes do not produce malaria, and that malarial fevers seldom exist epidemically in countries which abound in springs, and then only on occasions of extreme drought, when natural ponds and mill-dams become dry, producing the conditions above described.

The doctrine, that a marsh and vegetable decomposition are both essential to the production of malaria, fails entirely to account for the prevalence of fevers in the outskirts of our cities. It is notoriously true that ague and remittent fevers are epidemic every summer in the upper wards of New York, and in many parts of Brooklyn. On going through these districts, the great number of sunken lots that are filled with water during the winter and spring months, is a matter of every-day observation, and whenever cholera prevails here, these locations are its chosen fields for doing its most deadly work. On such occasions intermittent and remittent fevers give way to a more virulent disease.

During the last summer, the frequent rains have served to keep these pestiferous sources of disease mostly from becoming dry, and consequently New York and Brooklyn have never been known to be more healthy. The same cause has served to render the country generally more free from fevers than usual. Only the most superficial of the pools have contributed to the spread of infection this season. Those who adopt this view of the cause of malaria will readily see how easily a district may be rendered exempt from the sources of fevers, for it is not the large marshes but the little superficial ponds that readily dry up and are the most productive of these diseases.

CASE OF TUBERCULAR DISEASE TREATED BY COD LIVER OIL.—  
CURE OF CAVITIES AFTER TWO AND A HALF YEARS.

(Read before the Boston Society for Medical Observation, December 17th, 1855, by  
HENRY I. BOWDITCH, M.D., and communicated for the Boston Med. and Surg. Journal.)

Miss — called on me Oct. 21, 1850. Her grandmother and an aunt had died of phthisis, but there were no consumptive tendencies in her immediate family. She was 18 years of age, was born and had lived all her life long near the coast of Massachusetts. In early life she had been perfectly healthy, except an occasional headache. At school she had studied closely.

Her actual illness commenced just a year previous to my seeing her. She had had a cough all the time gradually coming on. The

sputa were a thick phlegm during the winter; and a very little blood, as she believed, from the nose. She left school in May, and after that the cough had lessened a little, but it had occurred daily; chiefly on first lying down, and in the morning. No severe paroxysms. Pain at times in the left side on full breath, never in the shoulder. Able to lie on either side, but coughs more when on the left; turning to the right checks the cough. No dyspnoea, except when ascending stairs, and then it was but slight, and most troublesome during the summer. Night sweats, but no chills or fever, though at times the cheeks are flushed. Never had palpitation. Appetite and digestion good, except a little oppression during the summer. Dejections, regular. Amenorrhœa since the spring of 1849. Previously menstruated three or four times only, but naturally. Had lost some flesh and strength.

At my office she appeared somewhat hoarse, and had, at times, aphonia. No soreness about throat, but she had had some previously. Pulse 120 (possibly from agitation of mind); 96 after examination.

*Physical Signs.*—Percussion gave flatness over left lung, to the third rib in front, and to below the spine of the scapula. Doubtful *bruit de pot fêlé* under clavicle. Elsewhere normal. Respiratory murmur scarcely heard on the left side, and crackling on coughing heard everywhere in the same lung. At the top of the right lung the murmur was hardly pure; and on cough there was a slight crackle. Pectoriloquy at apex of left lung.

I wrote the following diagnosis to the attending physician. "My diagnosis is, serious, extensive, tubercular disease of the left lung, and probably a little at the apex of the right. Prognosis—A downward course. I make this prognosis because it seems to me that as the course that has been pursued (cod liver oil and iron) has been excellent, and yet no amendment has resulted, I fear that nothing that may be done hereafter will give permanent relief. While life, however, lasts, we should continue to hope. Therefore I advise a continuance of cod liver oil and tonics; and as I have perceived some good to come in some cases from wet compresses with dry cloths over them, kept constantly upon the chest, I would recommend the trial of them. If possible, let her have horseback-exercise.

Dec. 6, 1855.—Miss — called at my office in perfect health, apparently, having felt so for many months. I learned as follows: for two years and a half she took daily three or four tablespoonfuls of cod liver oil. It always was very disgusting to her, but never disturbed the digestion. She always had the pure oil, prepared at her own house. She rode on horseback twice or three times weekly for a year and a half, and was always refreshed by the excursion, except when she visited the beach which was near the town and exposed to the bleak wind of Buzzard's Bay. After riding to this place, even on a warm day of summer, she became hoarse and felt that her lungs were irritated. She never went out after 5 P. M. The cold-water applications were used for six months. Her diet

was nutritious, but simple, and her digestion was easy. During the first six months there was no evident change in the symptoms. Afterwards she began gradually and almost imperceptibly to improve, and two years ago felt and looked as well as ever. She, however, did not commence active duties until six or eight months ago, when she began to teach school.

At her visit to my office, she looked plump and in perfect health. She said, however, that though she had had no cough for two years, she still had a rattling in the left chest on lying down, and some cough on taking cold. If she is tired, she feels it in the chest. Pulse 84. On percussion, the left breast is flatter than the right at apex. Pure tubular respiration of a most dry character at apex, front and back, with great vocal resonance. Obscure crumbling, rather than crackling, below in the breast, but generally the respiration is quite fair, though a shade less soft than at the right.

If the preceding case was not one of tubercular disease, which had proceeded to the degree of softening, and probably of excavation or perfect condensation of portions of the lung, I know not how I can ever pretend to recognize any tubercular disease. I believe that it was tubercular, and that it was cured by the *thorough* use of cod liver oil, &c. The present condition of the lung is, I presume, much as it will always remain; for it may well be doubted whether a lung affected with such an amount of disease as existed at the first examination, will ever be completely restored to its pristine vesicular structure. It is a case to give us hope, even when there seems to be little or no hope.

The fact incidentally mentioned that the patient could not visit the beach without having hoarseness, is interesting to me, as confirmatory of the view that the lungs of consumptive patients are irritated by a residence near the coast.

---

#### CASE OF OSTEO-ANEURISM.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject, a young man, first discovered a lameness in the left leg in August, 1854, its immediate seat being referred to the knee-joint, and it gradually increased in severity until walking became impracticable. In January, a solid tumor appeared on the inside of the tibia, near its upper articulation, which was judged to be an ossific deposit simply. The patient continued his avocations until April, when the progress of the disease rendered further labor impossible. At intervals, the tumor would be red, and at such times less painful. In June, the case fell into the hands of a quack, whose irritating applications rapidly developed the character of the disease. Up to this time the patient could walk with the assistance of a cane, but retraction of the leg now became established, and the growth of the swelling greatly increased. It was intensely painful, and prevented sleep. In August, the case came under my treatment. The

patient was emaciated, the thigh wasted and the head of the tibia greatly enlarged. The thigh and leg could not be extended beyond right angles. The diameter of the swelling was four inches, and it was red, hot and painful. A close inspection of it revealed several other interesting pathological features. The outer shell of the bone was elevated in fragments, which were distinctly movable, and in the interspaces there could be felt a powerful pulsation, synchronous with the pulsations of the heart. From these observations it was clearly evident that the disease was of the erectile character, developed in the cancellous structure of the bone, and that it was of a very serious nature.

There appeared to be but a single indication of treatment, and that was, of course, to arrest the supply of blood which nourished the augmented and multiplied vessels; and the only question that could be raised was, whether to accomplish this by the ligature or by compression. I selected the ligature, and applied it to the femoral artery, when the pulsations in the tumor instantaneously ceased, as it was known would be the case, by previous compression of this vessel upon the pubis. Not the least unfavorable result followed; the patient recovered extremely well, the peculiar character of the disease rapidly disappeared, and now, at the expiration of four months, the diameter of the tumor is only three inches, and it is already consolidated. The retraction has greatly diminished, and there is every favorable indication that entire recovery will in due time be reached.

J. DEANE.

Greenfield, Dec., 1855.

---

#### OBSERVATIONS ON THE USE OF IRON IN OBSTETRICY.

BY ABRAHAM LIVEZEY, A.M., M.D., LUMBERVILLE, PENN.

[Communicated for the Boston Medical and Surgical Journal.]

In my various sojournings among the medical colleges in Philadelphia I have noticed a diversity of opinion existing among the corps of professors, as to the utility of iron and the advantages obtained by its administration. Of these differences, it will be only necessary, as introductory to my case, to specify two.

Prof. Meigs, as his writings all prove, has unbounded confidence in ferruginous preparations, in all cases where there is atony or flaccidity of the *endangium* or blood-membrane; in other words, where the blood-globules are deficient, and the watery portion of the blood is in excess, and where tone is necessary to be imparted to the whole system.

Prof. Mitchell, on the contrary, though occasionally a prescriber of iron, at the clinics, through force of custom (he says) rather than from actual confidence in the drug, yet declares it to be his firm conviction that iron is of but little value in medicine, and that he is not sensible of ever being able clearly to attribute any marked

results or benefits to its use, at least if he accepts the scales of iron steeped in "hard cider;" and though good had undoubtedly been obtained from this preparation, yet it was still a matter of doubt in his mind, whether, after all, the beneficial results were not rather due to the presence of the cider than to the iron.

But to the case in question:—I was called, on three several occasions, about a year apart, to attend Mrs. L. in confinement, which occurred in each case, according to the usual computation, from two to six weeks too early. The infants of these several deliveries were perfect in development, if we except a very flaccid state of the muscles and a relaxed condition of the articulations. The first child, though evidently alive but a short time previous to delivery, was stillborn. The second, in a shrivelled condition, survived but a few weeks. The third made a few gasps, followed by some faint moanings, and, after the lapse of two hours, expired.

The poor woman having now suffered the agonizing pangs of a third travail without the "fruit of her womb being blessed," became quite disconsolate, and, like Rachel of old, she wept for those that were not, and would not be comforted; until at a subsequent visit I expressed to her my honest convictions that she might be so benefited by a proper course of medication during pregnancy, should she again become *enceinte*, as to enable her to go the full term and give birth to a healthy, living offspring. She was not weak, for she attended to the duties of her household without any domestic; her appetite and powers of digestion were, at times, somewhat impaired, but yet seldom required any medicine to correct them. Her complexion was the worst feature in the case; in her face could be traced tints of color from that of a creole, to a bronze, deep yellowish-green, or pale dirty yellow. In fine, she was just such a case as a majority of physicians would say demanded a course of blue pill, or other mild mercurial, with a depurative, as syrup of sarsaparilla; occasionally a dose of the compound tincture of aloes, and the like. At the close of my examination and colloquy, she observed that she had two sisters married, whom she considered much more weakly and diseased than herself, and yet they have living and ordinarily healthy children.

I resolved to push Prof. Mitchell's prescription of iron scales, as they fall from the smith's anvil, steeped in hard cider, from the beginning to the end of the next pregnancy, and did so. Her appetite increased, her digestion, health and spirits improved, and a new hope dawned upon her. She took gallons of cider, rendered turbid, or somewhat inky, by the iron scales, and at the full term I was present at the delivery of a firm, full-grown male child. He grew finely, and waxed so strong by the ninth month that he could walk; and now, in his fifth year, he is remarkable for his tallness and strength—having borne the cognomen from birth of the "iron baby."

Nine months ago she gave birth to another child—puny and delicate, of lax tissue and relaxed condition generally, but is as yet dragging out a sickly existence.



Now a natural view of the case and the rationale of treatment must be simply this: the "endangium" or blood-making membrane was not capable of discharging its function, being flaccid and weakly; and consequently the blood, the pabulum of the fœtus, was too poor in blood globules to nourish it properly and enable it to grow to *infant's* estate; or why were the muscular tissues of the former infants of such loose, flabby consistence, and the articulations of their limbs so relaxed? The condition of the blood-membrane and blood was undoubtedly changed by the eider tincture of iron, and charged with more red globules, and solid constituents, whereby it was the better fitted for the sustenance of a fœtus after the attachment of the latter to the surface of the uterus.

Again, why do we witness a similar state of things existing in the last child, to that in the first three? Simply because, after a lengthened period of over three years and eighteen months nursing a child at her breast, the blood-making membrane had become sickly, and consequently the blood had again deteriorated, simply for the want of a repetition of that medicine which would correct the one and improve the other.

---

### Hospital Reports.

---

#### MASSACHUSETTS GENERAL HOSPITAL.

*Apoplexy—Death.—Hemorrhage at the Base of the Brain.* Reported by Mr. Geo. S. HYDE, Medical House-pupil.)

J. K., æt. 40, widow, entered Oct. 17, under the care of Dr. GOULD. She was always a healthy, strong woman, until June, 1854, when she began to be troubled by dizziness and confusion in the head, during an attack of which, in the following August, she fell into a cellar, and received a wound on the head. She felt but little trouble from this, but in October had some sort of cerebral inflammation, from which she was very sick for several weeks, and was left very much prostrated. She was confined to the house by weakness most of the time till May, when she so far recovered as to work a little. During the summer she had neuralgic pain about the head, and some swelling of the right foot and leg. About the beginning of the present month, whilst standing in the street, she suddenly fell, unconscious, and remained so for five days. There was total paralysis of sensation and partial paralysis of motion for several days longer. Bowels constipated. Catamenia have only appeared three times in twelve months. She has occasional blindness, double vision, and vomiting of food. Constant ringing in the ears.

When first seen, in the evening, she was in bed, complaining somewhat of her head. She also said her limbs had scarcely the natural sensibility. Some pain in abdomen. Pulse 62, full, regular, not easily compressed. Skin quite cool.

From this time she seemed constantly to improve, so that she took no medicine until Oct. 23d, when she had a slight attack of unconsciousness at about noon, lasting fifteen minutes, and followed by severe headache. At 6½ she had another, characterised by vomiting, total unconsciousness, ster-

torous breathing, and full, slow pulse. She remained in much the same condition until the morning of the 25th, when she recovered her senses and answered readily. There was no paralysis. From this time she complained more or less, daily, of giddiness and weakness, and her mind occasionally wandered. There were intolerance of light, pain in the head, and constipation. On Nov. 1st Dr. SHATTUCK took charge of the case. On Nov. 17th she said she felt unusually well, and asked to walk out, but just after dinner suddenly became unconscious, and remained so for a few minutes. Afterwards she complained of fatigue, "from walking," as she said. At 7 o'clock she had another attack similar to that of Oct. 23d, but with a small, rapid, intermittent pulse, and remained without change until 7 o'clock P.M. of the 19th, when she died.

*Autopsy*, 39 hours after death.

Dura mater healthy; flattening of the convolutions over convexity; dryness of arachnoid. There was effusion of blood, not very extensive, in pia mater, over the centre of the base of the cerebrum and cerebellum, and a recent coagulum, over an inch in diameter, in left hemisphere, about opposite the anterior part of the corpus striatum. The left ventricle was entirely filled with a dark coagulum. The right ventricle contained bloody serum. There were large coagula in the third and in the fourth ventricle. The cerebral substance around the effused blood, was more or less softened and discolored.

There were firm adhesions of the lateral and posterior portions of the pulmonary and costal pleuræ on the right side.

The lungs were congested posteriorly, and there was a small cretaceous mass in the right upper lobe.

Walls of the left ventricle of the heart were firm and rather thick; the cavity small. Considerable loose coagulated blood in the right cavities.

Spleen surrounded by old, thick, false membranes. Weight, two and a half ounces.

Kidneys, externally granular. Cortical substance rather thin, presenting a mottled appearance. Under the microscope, the tubuli were crowded with granular matter and cells. There were also free cells, which were broken, shrivelled and granular. Tubuli of the cones more crowded with epithelium than usual. No fat.

The Fallopian tubes were obliterated at their extremities, and distended with serum. There were extensive adhesions about the ovaries. The lower antero-lateral portion of the uterus contained two fibrous tumors, beneath the peritoneum, one of the size of a nutmeg, and pediculated; the other somewhat larger and more prominent.

*Albuminuria.—Death from Apoplexy.* (Reported by Mr. Geo. S. HYDE, Medical House-pupil.)

L. R., æt. 50. Single. Clerk. Entered Hospital Oct. 4th, under care of Dr. GOULD. He was a rather stout-built man, with a large head and short neck. He reports that he has never before had occasion to employ a physician. Knows of no cause of present trouble, unless it be exposure to wet and cold for some hours at a fire several months previously, from which, however, he does not remember to have felt any inconvenience, but considered himself perfectly well until July, when his feet began to swell. From this time the swelling gradually increased, and two weeks before his entrance, it appeared in the abdomen. He suffered from inappetence and occasional nausea and vomiting. Has kept about the whole time, troubled merely by swelling. Has lost about thirty pounds, probably from low diet.

When first seen, he was sitting up, complaining only of swelling. The appetite was great, but much food oppressed him. Bowels were nearly regular. Urine not affected in quantity. Some embarrassment of respiration. Abdomen quite distended, measuring  $41\frac{1}{2}$  inches, with distinct fluctuation. Legs and feet much swollen, with serous discharge from several abrasions. Pulse 100, small. Skin dry and cool.

Analysis of urine gave density, 1014, a few casts of tubuli, and a moderate amount of albumen.

He was put upon a liberal diet, and ordered diuretics and warm baths; after which last, his skin became warmer and moister. The distension, however, increasing, and dyspnœa becoming urgent, on the 15th, paracentesis was performed, and twelve quarts of fluid were withdrawn, with great relief to the stomach and lungs. During the following four days there was a spontaneous discharge of about six quarts more. R. Ferri. ammon. tart., gr. viii. three times daily.

From this time there was a manifest improvement in respect to the skin, pulse, tongue, appetite, sleep, respiration, &c. On the 28th the abdomen was nearly as distended as before the operation, and there was some dyspnœa, but otherwise he felt as well.

On Nov. 1st he complained of being unable to read well, and of increased dyspnœa, but appeared in good spirits, and took food and medicine as usual. At 2 A.M. he was heard to groan, and was found by the nurse lying across his bed, in his clothes, in some distress. He was perfectly conscious, and asked the nurse to retire, that he might go to bed. At 3 o'clock he was found on the floor, where he had fallen in attempting to reach the table. From this time he spoke but once, saying that his head pained him. He breathed with difficulty, and after being unconscious for half an hour, died at 4 o'clock, A.M.

*Autopsy*, 11 hours after death. Considerable congestion of vessels of scalp. There was a collection of blood beneath the arachnoid, partly liquid, partly coagulated, most abundant at base, but extending among the convolutions, which were flattened in some parts. An ounce of bloody serum in the lateral ventricles. Consistence of brain normal, and not more vascular than usual. Twenty-four ounces of serum in left pleural cavity; fourteen ounces in the right.

Lungs highly œdematous, except the lower right lobe, and the lower half of the left, which were compressed. Two ounces of serum in pericardium. Walls of ventricle somewhat thickened and cavity small.

The liver showed, under the microscope, numerous fat globules.

Spleen pulsatious, easily breaking down.

Cortical substance of kidneys a little lighter colored than usual, but could hardly be considered diseased. A little fat found, under the microscope.

Mucous membrane of stomach rugous and thick.

Other organs essentially healthy.

### Bibliographical Notices.

*How to Nurse Sick Children: Intended especially as a Help to the Nurses at the Hospital for Sick Children; but containing Directions which may be found of service to all who have charge of the Young.* New York: Samuel S. & William Wood, 261 Pearl Street. 1855. Pp. 69.

No more satisfactory encomium could be bestowed upon an author and his labors than that which forms the "Advertisement," as it is termed, to

this little volume. Two paragraphs from "The British and Foreign Medico-Chirurgical Review" constitute this advertisement and fitly herald the work. We have read it with pleasure and profit, and can truly say that no book of such unpretending dimensions contains more that will prove of lasting value. It is well suited to be placed in the hands of mothers, and perhaps no more judicious gift could be made to them. The more intelligent of nurses will be greatly benefited by its perusal; and if of docile and amiable nature, they cannot but be peculiarly and lastingly impressed by its teachings.

The author's name does not appear in connection with his excellent contribution to the much needed aids for nursing sick children. We can heartily echo the sentiment of the concluding paragraph from the Review above mentioned: "Whoever it (the book) was written by, the author brings to his task the two great qualifications—a thorough love of children, and a thorough knowledge of their habits in health and disease. It is a simple but feeling account of the wants of the sick child, and of the duties required of its attendant."

When the peculiar difficulty of managing the ailments of the young is considered, and the value of the most minute details contributing to their comfort is once appreciated, none will turn lightly away from any effort to assist the physician in his arduous task. None can by any possibility realize, unless they have had the experience, the amount of peculiar responsibility attaching to the medical care of children, and particularly of infants. Physicians therefore, no less than mothers and nurses, will, we are confident, gratefully acknowledge their indebtedness to the author of these pages. He who wrote them must have both the "feeling heart" and "the judging head," as well as the skilful hand.

No greater boon, of the sort, could be bestowed upon this or any community which now lacks it, than the establishment, upon a stable foundation, of a "Children's Hospital." That an institution of this kind will finally exist in this city, we fully believe. The project would commend itself to all, without argument. Opportunities such as would be afforded to physicians in the wards of such a charity, would be invaluable indeed. That the mortality among the children of the poor would be greatly lessened thereby can hardly be doubted, and those more favored in this world would reap a direct benefit from the larger experience constantly acquired.

Appended to the little volume we notice, are some important "Facts illustrative of the need of a Children's Hospital" in London. With certain modifications they will apply to "any meridian." We will give a few of these, together with one or two expressions of opinion in regard to the subject by well-known English physicians.

"*First.*—The mortality of children under ten years is only two per cent. less than it was fifty years ago. Of 50,000 persons dying annually in London, 21,000 are children under that age.

"*Second.*—The hospitals of London are inadequate to afford accommodation for sick children. In January, 1843, of 2,336 patients in all the hospitals, only 26 were children under ten, suffering from diseases peculiar to their age.

"*Third.*—Medical knowledge concerning children's diseases is peculiarly defective, owing to the want of sufficient opportunities for their study.

"*Fourth.*—A special hospital for children is needed, because the proper care of sick children requires special arrangements."

"I will venture to say that the poor, as a class, will gain more from the

establishment of a hospital for children's diseases, than they would from any general hospital."—Dr. LATHAM.

"It is a truth which ought to be confessed, that the disorders of early life are less generally understood than those which are incident to maturer age; and it is a truth which still more deserves publicity, that the imperfection of our knowledge is mainly owing to our want of hospitals dedicated to the reception of sick children."—Dr. WATSON. (*Op. cit.* pp. 68, 69.)

The institution which existed for about a year in Boston, through private benevolence, and which was admirably managed, was a praiseworthy attempt deserving a better fate. Such endeavors should not be allowed to languish and die for want of that aid which individuals, however well-disposed, cannot continuously afford.

Burnham Brothers, 25 and 29 Cornhill, have the book for sale.

*A Classification of Tumors confounded under the Name of Cancer.* By PAUL BROCA. Translated from the French by GEORGE A. OTIS, M. D. Springfield, Mass.

This paper appeared in the Virginia Medical and Surgical Journal for July, 1855, having been translated by the Corresponding Editor, Dr. OTIS, from the "*Moniteur des Hopitaux*," December, 1854; it has been issued separately, and we think its diffusion in this way will be of service. The author is known as a careful investigator and ready writer, and in these days of disquisition, doubt and discussion upon what is, and what is not, cancer, all reliable observations are acceptable.

The author, after a brief historical sketch of "cancer," or rather of tumors so termed, thus states his "classification" of "morbid growths" which have been long confounded under the vague and elastic designation of "cancer." "1. *Partial Glandular Hypertrophies*, or glandular tumors." In these the elements of normal gland-structure alone are found, subject to an unequal hypertrophy. "2. *Fibro-Plastic or Fibroid Tumors*." "3. *Cancroid Epithelial Tumors*: elements analogous to those that form the epithelium of normal tegumentary tissues." "4. *Cancerous Tumors*." The component elements of these latter growths are without analogues in the economy. To these alone is "the name of cancerous elements legitimately applied."

These classes are minutely described, yet in a clear and condensed manner. Four microscopic views (corresponding to the four classes of growths) accompany this interesting description. The translation is elegantly and faithfully done, and the Virginia Journal may congratulate itself upon having at command a hand so skilful alike in making selections of matter from foreign periodicals and in preparing them so well for a wide circle of readers. No journal can boast more judicious and valuable *excerpts*, while its original and editorial departments bear decided evidence to the zeal and faithfulness of its managers. We are happy to congratulate these gentlemen upon the "fusion" operation lately effected by them, and we hope they will hear a great deal that is wonderful and promising through their new "*Stethoscope*," not only in the "Old Dominion," but throughout the country and "o'er" the sea.

*Report of the Diet of the Sick, submitted to the American Medical Association.* By CHARLES HOOKER, M.D. (Republished from the Transactions of the Association.)

We have already expressed a favorable opinion of this Report, in our notice of the work from which it forms a part. We are glad to see it in a form so convenient for its extensive perusal.

---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 BOSTON, DECEMBER 27, 1855.
 

---

 MANAGEMENT OF CHILDREN—THEIR EXPERIENCES AT THE HANDS OF  
NURSES AND ATTENDANTS.

WHILE there is nothing about which parents feel so natural an anxiety as the welfare of their children, we believe that the latter receive an amount of mal-treatment, at times wilful, but oftener arising from ignorance, sufficient, were it fully realized, to occasion merited indignation, and which loudly calls for reform.

The evil influence is exerted in two ways; upon the *physical*, and the *moral*, qualities and energies. At present we intend to refer, mainly, to the former. It is too well known to require more than mention, that the minds of the young are often seriously injured by being frightened into submission, when refractory, by awful contortions of the countenance, threats of being "left alone," or of being "shut up with black men," &c.; and again by dismal stories of what will befall them if they do not lie still and leave nurse to enjoy her ill-gotten leisure.

The disastrous consequences of these practices have been only too evident in many instances; and if the children thus treated fortunately escape idiocy, they probably always suffer in some form from the infliction. A timid, fretful or vicious tendency, and a mistrust of whatever is told them, are thus almost certainly acquired by the little victims of fraudulent selfishness or ignorance.

We remember seeing, several years ago, in "Punch" or some "Charivari," a representation of a "powwow" between two nurses in a park. They were seated at their ease, each with a child in her arms; but so intent upon their own affairs, that one was holding her charge *head downwards*, and the other, while gesticulating vehemently with one hand, was, with apparent unconsciousness, pressing the features of the infant entrusted to her care into a very singular and doubtless uncomfortable shape, with the other. The mouths of both children being represented widely open, we may infer that vociferous remonstrance was duly, though ineffectually, offered!

What then afforded us cause for laughter, has since often recurred, painfully, to our recollection, when witnessing similar abuses. While the satirico-comical exposure is inimitably given, the moral has a seriousness worthy of the deepest attention.

We cannot expect hirelings to feel that absorbing interest which actuates every thought and impulse of a parent; and this is more especially true since foreigners have taken the place of native servants. At all events, whatever may be the cause, a vast amount of neglect and carelessness exists. Often, the parents are the last to discover this; kindness and attention are artfully shown to the child in their presence, but, once out of sight, too frequently a twitch, a pull, a cuff, with sharp, hasty words, will be employed to bring the child to the nurse's ideas of things, instead of watching its ways and yielding to its wishes when not positively injurious.

When children are taken out for an airing, a degree of caution is requisite that they be not exposed to the dampness of the ground. In the low carriages commonly used, the child incurs a certain amount of risk unless



drawn regularly, if not briskly along. We have frequently observed nurses loitering over the walks of our Common, or in the streets; stopping to greet an acquaintance; gazing about abstractedly, with little or no thought for their charge—feeling, themselves, no chill from wet earth and east wind, while the passive infant, even if wrapped with ordinary care, must often suffer.

The habit of pushing the carriage, so that the child is rolled along *backwards*, is to be condemned. It is an easy and convenient process for the nurse, but we question its propriety as regards the child. It is an unnatural mode of progression—if riding backwards can be so termed—and should never be practised. It is well known that many adults cannot ride with their backs to the horses without being nauseated; certain persons even vomit from this cause. The preference, at least, is for a forward motion. What is worse, however, is the occasional trick of leaving both wagon and contents upon the sidewalk, while a run into the kitchen-quarters of some friend is taken for a bit of sly gossip.

That there are many creditable exceptions to our remarks, and that a large number of kind, faithful, and really conscientious nurses exists among us, is both true and a subject of felicitation to those who secure their services. An occasional visit to a sea-side residence during the past summer, where about thirty children were domiciled, afforded us a direct and easy opportunity for observation. While, however, both there and elsewhere, we have seen excellent specimens of childrens' attendants, the converse has been the fact in the majority of instances; and, in conjunction with physical unfitness for their occupation or ignorance of their duties, a most lamentable deficiency too often exists in regard to their moral character. Children soon begin, after early babyhood, to appreciate language; gesture and attitude they notice and remember, even earlier. What can be more important than that nursery-maids be not only cleanly in person, but in thought and action; that their tongues be free from oaths and ribaldry, which, to our knowledge, too often defile them, especially in large boarding-houses?

Many errors in the feeding, bathing and clothing of children might be mentioned—errors which frequently induce attacks of illness sufficiently serious to compromise life. Our space forbids us to specify these at present.

There are two things to which we will allude, in conclusion; one is the very common practice of lifting a young child by one arm, while ascending stairs, or in stepping from the street to the curb-stone of the sidewalk. The child is thus actually *suspended*; its whole weight hanging from its delicate arm, and the latter drawn so strongly upwards as to exhibit a decided tendency to dislocation of the head of the humerus. This highly improper procedure may be witnessed daily, and parents are quite as apt to be the perpetrators as servants. The least reflection will show how inadvisable it is thus to strain the muscles, tendons and ligaments of children. Many may bear it with impunity; but others, of more fragile make, can hardly escape injury.

The other point to which we would call attention is the positively cruel act of forcing young children to keep pace with adults in walking. How constantly is this seen in our thoroughfares? Long-limbed fathers, mothers or attendants stride on, most unconcernedly, actually *dragging* some luckless urchin after them, whose short, weak arm must ache outrageously, drawn upward to the powerful hand that grasps the little fingers so firmly! The body, too, is thus borne onwards by a necessarily sidewise, distorted

mode of progression; and the tiny lower limbs and feet, though flying at their utmost speed, are quite unequal to the task. We have frequently seen a child fall under this barbarous traction, fairly pulled off its feet; and, worse still, when thus down, hauled up again by the one-arm-lifting process previously referred to! The child, moreover, becomes heated, tired out and excited; and forsooth its unconscious tormentors cannot conceive what the matter is with Johnny, or why Angelina Matilda\* looks so red and blowzy!

There is really no exaggeration in these statements, and we are sure that if the little "army of martyrs" who encounter such experiences, every day of their tortured existence, could "tell us all they feel," the account would be harrowing indeed.

#### NEWSPAPER RECOMMENDATIONS OF QUACK MEDICINES.

We have so frequently taken occasion to state our unqualified disapprobation of any attempt to recommend, or bring into notice remedies whose composition is kept concealed from the profession, that it is with reluctance we again allude to so trite a subject. Our readers need not be told that no honorable physician will lend his influence to favor any such attempt. The Code of Ethics of the American Medical Association, and the laws of every respectable medical society throughout the world, condemn in the most unqualified terms all those concerned in such practices. The reason of this is obvious; if the composition of remedies is to be kept secret, there is an end of all improvement in therapeutics, a most important department of medical science. It may be said that the discoverer of a new remedy has as much right to the profits arising from its sale as a mechanic has to a patent for his invention, or an author to the copy-right of his book; and so far as the legal right goes, we presume that he has. But as a member of a liberal profession, which has for its object to relieve the sufferings of mankind, a physician has no moral right to do anything which can hinder the advancement of his profession in the art of curing or mitigating disease. Every improvement in medical science belongs to the profession, and not to the individual, "for if it is of real efficacy, the concealment of it is inconsistent with beneficence and professional liberality, and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice."

It is with extreme regret that we notice in a newspaper of such high character and extensive influence as the *Boston Daily Advertiser*, a highly laudatory editorial notice of a secret nostrum, concerning which we have already made some remarks in a recent number of the Journal. We had hoped that the editors of a paper which lately took such high ground in respect to the independence of the press, would have the good sense to confine their criticisms to subjects within their own scope, and not endeavor to aid the sale of an alleged specific for half a dozen distinct diseases, concerning whose virtues they must be incapable of judging.

We do not make these remarks with any expectation of persuading the public of the absurdity of patronizing the "Peruvian Syrup," or any other empirical remedy. We are aware that our feeble voice will in no degree diminish the amount of its sale; would it were otherwise! It will doubtless become a fashionable medicine for a time, and having had its day, will become consigned to oblivion, to make way for some other nostrum. We

\* The evils of the inflated infantile nomenclature of the present day are not unworthy of comment.

cannot but complain, however, when we see an influential journal aiding a practice which is condemned by the united voice of the profession. Nor shall we be thought to indulge the apprehension that the sale of such remedies is an injury to the practice of regular physicians; any one who is at all conversant with the matter knows that all medicines of this class are indirectly beneficial to the profession. The enormous amount of medicine indiscriminately swallowed by the public is a well-known cause of ill-health. It is as much for the pecuniary interest of the physician that the community should take quack-medicine, as it is for the lawyer that popular directions for making a will should be extensively circulated.

#### GRISWOLD ON MALARIA.

We copy from the *American Medical Gazette* an article on Malaria, by C. D. Griswold, M.D., of New York, being one of a series which was to have been continued in that Journal. The arrangement between Dr. Griswold and Dr. Reese, the editor of the *Gazette*, having been discontinued, the remainder of the series will appear in the Boston Medical and Surgical Journal.

THE *San Francisco Herald* of 25th of October contains a notice of the organization of the medical service of the new County Hospital, by the appointment of Drs. Macauley, Sawyer and Gray as surgeons, and Drs. Bowie, Berthody and Rawson as physicians. Doctors Berthody and Sawyer are well known to many of our readers as having been formerly attached to the Massachusetts General Hospital, the former as house physician, the latter as house surgeon. Both these gentlemen have rapidly gained a distinguished position among the physicians of San Francisco, by the zeal and ability they have displayed in the practice of their profession.

*Medical Miscellany.*—Dr. A. H. Stevens has resigned his situation as President of the College of Physicians and Surgeons, New York.—Dr. Jas. R. Wood has resigned his post as Surgeon of St. Vincent's Hospital, New York, and Dr. Thomas C. Fennell has been chosen to fill the vacancy.—The time for receiving essays for the prize of One Hundred Dollars, offered by the New York Academy of Medicine for the best essay on *Cholera Infantum*, closes with the last of the present month.

*Communications received.*—The Action of Miasmata on the Cerebro-Spinal Axis.—Case of Insane Impulse, induced by Rheumatic Inflammation of the Brain.—Case of Cicatrization of Tuberculous Cavities.—Fibrinous Bodies found in the Heart after Death.—Case of Dislocation of the Tarso-metatarsal Articulation.—On Quinidine in the Treatment of Intermittent Fever.—Remarks on the Treatment of Yellow Fever.—Case of a Foreign Body in the Air-Passages.

*Book received.*—Essay on Cholera Infantum. By M. L. Kuapp, M.D. (From the Author.)

DIED,—In Syracuse, N. Y., on the 17th inst., of consumption, Dr. E. A. Holyoke, formerly of Salem, Mass., where he was greatly respected for his estimable character and professional skill. Dr. H. graduated at Harvard University in the class of 1817.

*Deaths in Boston* for the week ending Saturday noon, Dec 22d, 66. Males, 28—females, 38. Accident, 1—disease of the brain, 1—congestion of the brain, 2—burns, 1—consumption, 9—croup, 3—dysentery, 1—diarrhoea, 1—dropsy, 4—dropsy in the head, 6—infantile disease, 1—puerperal, 1—erysipelas, 1—typhoid fever, 2—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 3—marasmus, 1—measles, 6—old age, 4—pleurisy, 1—smallpox, 2—teething, 4—tumor in abdomen, 1—ulcers in side, 1—unknown, 5—whooping cough, 2.

Under 5 years, 37—between 5 and 20 years, 6—between 20 and 40 years, 7—between 40 and 60 years, 8—above 60 years, 8. Born in the United States, 51—Ireland, 13—British Provinces, 1—Italy, 1.

*The State Lunatic Asylum, Utica, N. Y.*—A writer in the Transcript says:—This hospital occupies a commanding position just out of the city, and is a massive and imposing structure of stone. Opened to the public January 16th, 1843. It has been in operation nearly thirteen years, and has received not far from 5000 patients. Formerly under the charge of Dr. N. D. Benedict, it is now superintended by Dr. John P. Gray, a gentleman eminently qualified for the position he holds, and well calculated both to win affection and command obedience from the unfortunate beings under his care.

About 1000 patients were last year subjected to medical treatment, of whom more than 200 were discharged recovered and improved. The daily average attended to was 444.

The expenses amounted to \$89,421 20, of which over \$30,000 were appropriated to the culinary department alone. It is Dr. Gray's theory that his patients need a strengthening, nutritious diet, and all the amusements which convenience and propriety will admit. His intercourse with them unites in a marked manner gentleness and decision, sympathy and authority. It would be well for those interested in the treatment of insanity to visit the Utica Asylum. They would be well paid for their trouble. If we may judge the benevolence of a State from the character and magnitude of its humane institutions, New York certainly deserves high eulogiums.

*Tenesmus in Dysentery.*—Dr. Ehrenberg highly recommends the administration of *vapor-clusters of chloroform* in tenesmus. Mode of administration : take a common four ounce phial, in which a drachm of chloroform is poured. Adapt a common, but tightly closing tube, of India rubber or gutta percha, to the end of the phial. Provide the other end of the tube with a canula, similar to that of a common syringe, having several small openings, and introduce it into the rectum. To hasten the evaporation of the chloroform, the phial may be held with the hands, or warmed by immersing it into a vessel filled with warm water.—*Medicinische Neuigkeiten* from N. J. Med. Reporter.

*Indian Graves in Concord, N. H.*—In excavating recently, says the Congregational Journal, for a cellar of a new house, a few rods west of the dwelling of Richard Bradley, Esq., at the north end of this city, nine skeletons of Indians have been exhumed in a space about ten feet square. They are supposed to be the remains of some of the ancient Pennacooks who once inhabited this region, and probably have been buried at least a century and a half. Among these were skeletons of six children, three of whom were around that of an adult, supposed to be their mother, and one very large, measuring six feet and three inches. The bones of this giant were of remarkable preservation. The skull is very thick, the teeth in both jaws are entire, and all of them double. The skeletons were found enclosed in bark, in a sitting posture, with some of their long, black hair still preserved. The bones of the children were much decayed. Dr. William Prescott, of this city, has preserved the largest skeleton, which may be seen in his cabinet.—N. Y. Observer.

*New Orleans Charity Hospital.*—The Charity Hospital at New Orleans consumes this amount of supplies every year : Bread, over \$60,000 ; meat, \$12,000 ; drugs, \$6,000 ; marketing, \$7,000 ; milk, \$1,500 ; lumber for coffins, 900 ; groceries, about 4,000 ; ice in summer, \$250 per month ; and other articles in proportion. The hospital is not a source of expense to the State. Its principal source of revenue is the tax on passengers arriving in New Orleans from foreign ports, which, in 1854, amounted to \$76,461. This item for the present year will be less, as, up to the 16th of October, there had arrived but 13,000 passengers, which, at \$2,50 each, would be only \$34,750 ; although it is probable that for the remaining two and a half months, the number will be proportionally larger.—*ib.*

The number of patients at the Charity Hospital for the month of November, 1855, says the New Orleans Medical News and Hospital Gazette, was as follows : admitted, 862 ; discharged, 798 ; died, 79. Births—males, 5 ; females, 7 ; still-born, 1. Total, 13.

We learn that Leonard Marsh, M.D., has been elected to the chair of Latin and Greek in the University of Vermont, and has accepted the appointment.